



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

September 11, 2015

Ron Cioffi, Director
Rutland Area VNA
7 Albert Cree
Rutland, VT 05701-4648

Dear Mr. Cioffi:

The Division of Licensing and Protection completed a complaint investigation at your facility on **September 9, 2015**. The purpose of the investigation was to determine if your agency was in compliance with Regulations for the Designation and Operation of Home Health Agencies. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS
Assistant Division Director
Director State Survey Agency

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN		(X1) PRDVIDER/SUPPLIER/CLIA IDENTIFICATIDN NUMBER: VT477007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/09/2015
NAME OF PROVIDER DR SUPPLIER RUTLAND AREA VNA		STREET ADDRESS, CITY, STATE, ZIP CODE 7 ALBERT CREE RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATDRY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 001 SS=A	Initial Comments An unannounced onsite complaint and self-report investigations were conducted by the Division of Licensing and Protection on 09/0815 and concluded on 09/09/15. There were no State Designation regulatory deficiencies.	H 001		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE